Personal Philosophy of Therapeutic Recreation

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Abstract

A current issue in the field of Therapeutic Recreation is determining a universal professional philosophy of the field. Many people believe that a defined philosophy is necessary for the advancement of the field and acceptance as a profession. This paper identifies the scope of service, populations impacted by Therapeutic Recreation, service settings, and other contributing factors to the professional philosophy. It also identifies what distinguishes Therapeutic Recreation from other professions. In addition, this paper outlines my personal professional philosophy of Therapeutic Recreation, derived from the Leisure and Well-Being service delivery model, and my professional goals for advancing in the field.
Introduction

The field of Therapeutic Recreation is comprised of professionals who all have different philosophical approaches to treatment and the advancement of the profession. This eclectic dynamic of the profession is what initially made it stand out to me. For many, there is a push to refine the definition of Therapeutic Recreation and find the common core of what our profession really is. I see the unique characteristics that each person brings to the field as opportunities for our field to distinguish itself from the other healthcare disciplines. Each professional should seek to define their own philosophy and obtain the evidence necessary to justify their philosophy as falling within the professional standards and scope of service. Therapeutic Recreation is a field that encompasses a variety of treatment settings and professionals who utilize different interventions all with similar intentions: to take a strengths-based perspective when assessing client needs and provide individualized, person-centered care in order to achieve the ultimate goal of overall quality of life and well-being for each individual.

Scope of Therapeutic Recreation

According to Bullock, Mahon, and Killingsworth (2010) there are several populations and settings where Therapeutic Recreation has proven to be effective. For individuals with intellectual and developmental disabilities, such as cerebral palsy and autism, a Therapeutic Recreation Specialist can especially find a place in community recreation programs (Bullock, Mahon, & Killingsworth, 2010). A Therapeutic Recreation Specialist in this capacity aids programs in focusing on abilities, makes activities understandable, ensures the dignity of all participants, recognizes individual constraints, facilitates decision making, provides feedback to
the programs and the individuals, seeks expert support, structures adaptive environments, sets behavioral expectations, and ensures the safety of participants (Bullock, Mahon, & Killingsworth, 2010). Therapeutic Recreation can also be an effective form of treatment for individuals with physical disabilities, such as spinal cord injury, traumatic brain injury, hearing/vision loss, and multiple sclerosis (Bullock, Mahon, & Killingsworth, 2010). Services for these individuals can be community and rehabilitation program based, focusing on community reintegration, leisure education, and providing necessary activity and equipment adaptations (Bullock, Mahon, & Killingsworth, 2010). Additionally, Therapeutic Recreation services are effective with individuals with mental illnesses. These services can be community or inpatient based where the responsibility of the Therapeutic Recreation Specialist is to recognize individual needs, facilitate community reintegration, and advocate for the individuals (Bullock, Mahon, & Killingsworth, 2010). Austin and Crawford (2001) also identified areas in the scope of Therapeutic Recreation services in correctional facilities, substance abuse, and with individuals who have acquired HIV/AIDS. Many of the areas of need for these individuals are similar to those stated above, such as community reintegration, advocacy, and leisure education. Finally, a current area receiving Therapeutic Recreation services is the geriatric population where services relate to sensory experiences, maintenance or improvement of quality of life, and providing meaningful activities (Austin & Crawford, 2001). Therapeutic Recreation is not limited to the service areas stated above, and in fact is currently being practiced in many areas not mentioned. With additional research and development of evidence based interventions, I believe these areas will become more prevalent in the Therapeutic Recreation scope of services.
Purpose of Therapeutic Recreation

There are several current philosophies regarding the reason that Therapeutic Recreation exists. The Service Continuum view discussed by Meyer (1981) incorporates several of these basic understandings. This view states that Therapeutic Recreation exists “to eliminate leisure barriers, provide leisure skills and attitudes, and enable independent leisure functioning and the recreative experience” (Meyer, 1981, p. 9). In general, this view encompasses the entire scope of possible Therapeutic Recreation services. It is important for professionals to understand the existence of the profession in order to justify their own positions in their areas of service. With regard to this view and the Leisure and Well-Being model discussed in a later section of this paper, the ultimate outcome of Therapeutic Recreation services is an achievement of the greatest potential of quality of life, individual well-being, independent leisure functioning, and intrinsic motivation for participation in leisure and recreation.

In order to obtain a distinct professional philosophy, it is also necessary to identify what distinguishes Therapeutic Recreation from other professions. Austin and Crawford (2001) identified the distinguishing characteristic of Therapeutic Recreation as the expert knowledge of leisure and recreation “related to achieving optimal health and the highest possible quality of life” (p. 1). Other related professions are distinguished by their area of expertise. Occupational Therapy focuses on purposeful activity, nursing provides care for individuals, psychologists identify and treat human behavior, and social workers provide support systems (Austin & Crawford, 2001). Therapeutic Recreation also provides opportunities for individuals to engage in interventions they find intrinsically rewarding which develops “self-determination, competence, and enjoyment” (Austin & Crawford, 2001, p. 3). An additional unique distinction
of Therapeutic Recreation, made by Austin (2002), is that it is a profession that belongs in both healthcare and recreation and leisure programming (cited in Austin, Dattillo, & McCormick, 2002, p. 313). This distinction is important because it gives Therapeutic Recreation a place in healthcare, education, and community programming.

**The Leisure and Well-Being Model**

Carruthers and Hood (2007) introduced the Leisure and Well-Being service delivery model. This service model takes an ecological approach to providing Therapeutic Recreation services with a focus on developing individual capacities and developing contexts and resources in the individual’s environment (Carruthers & Hood, 2007). With well-being as the long term goal of this model, proximal goals include experiencing quality leisure and “development of resources, capacities, and assets” (Carruthers & Hood, 2007, p. 281).

This service delivery model aligns with my philosophy of Therapeutic Recreation for several reasons. First, this model is derived from a strengths based approach to healthcare which I identify with. Sharry (2004) described this approach to healthcare in the following passage:

> We are invited to think in terms of resources, skills, competencies, goals, and preferred futures about our clients, their lives, the communities they belong to, the therapeutic process itself and the professional context in which we find ourselves. We are invited to become detectives of strengths and solutions rather than detectives of pathology and problems, and to honor the client’s expertise and capabilities as well as our own (as cited in Carruthers & Hood, 2007, p. 278).
A strengths based perspective encourages partnerships with therapists and their clients where the therapists role is to be a “detective of strengths, to cultivate hope, and to mobilize [client] assets and capacities towards the desired end” (Carruthers & Hood, 2007, p. 282). The idea of strengths-based healthcare is one reason that I am passionate about entering the field. Additionally, this model makes a differentiation from leisure participation and quality leisure experience that other models do not. In this model, leisure experience requires an understanding of complexity of leisure through literature and research rather than leisure strictly by preference (Carruthers & Hood, 2007). This evidence based approach to leisure provides experiences for clients that enhance well-being while still allowing for autonomy and intrinsic motivation. Finally, this model differentiates itself from other models which use recreation as a means for remediating functional deficits. While by nature, recreation can be a means to an end, other models limit the possibilities of recreation and leisure also being the end to a mean. This model's focus on well-being as an end allows for recreation and leisure to be both a means and an end. I believe this is important for the advancement of the field and for the benefit of the individuals with disabilities that Therapeutic Recreation can serve.

Me as a CTRS

In order to be the best CTRS that a person can be, it is important that continuing education is a priority. I will be joining a career field that challenges me to be a constant learner. Continuing education is the best way to stay on the forefront of healthcare to be able to provide people with the best services possible. The added challenge of having a fluid understanding of the world that this profession requires will keep me sharp and motivated for the duration of my working life. Therapeutic Recreation also provides ample opportunity to
advance in the profession. A good CTRS seeks to improve their skill sets so that they may advance within the field and healthcare in general. It is beneficial to Therapeutic Recreation that CTRSs play a role in administration in order to advocate for the advancement of the field. While entry level, practitioner-based employment is where I see myself for the next five years, I know there will be opportunities for me to participate in managerial positions, research endeavors, and higher education. More importantly in my decision to become a CTRS however, is that I will be participating in a career that encourages personal growth, advocates for self-care, and values the needs of every individual. Extrinsic motivators, such as money and success, accompanied by other career fields are not necessarily present in the field of Therapeutic Recreation. A CTRS must believe in what Therapeutic Recreation can do and be inspired to share that message. The passion that Therapeutic Recreation instills in me to serve individuals and advocate for the field is what will keep me motivated for the rest of my career.

In order to grow as a Therapeutic Recreation Specialist I will seek to continually grow as a person. I thoroughly enjoy research and I often attempt to apply it to the circumstances that I experience in my own life. I plan to continue to be a constant consumer of research and be analytical when formulating my own research ideas. Once I gain more exposure to the field, I would also like to continue my education at a Master’s degree level with an emphasis on research and education. I will also strive to remain curious and always in quest of a new adventure. Learning new skills and trying new activities will keep me open-minded in my approach to treatment in the field. Finally, I will work to enhance my leadership skills as I gain experience with clients, interdisciplinary teams, volunteers, community members, and
coworkers by taking on new responsibilities and responding productively to feedback from the people that I surround myself with.

**Conclusion**

Therapeutic Recreation is an established field with numerous possibilities for growth. The scope of service of Therapeutic Recreation practice provides ample opportunities for growth through research and new discoveries. Therapeutic Recreation has a place in healthcare, community recreation, and education which can support other healthcare professionals and consumers of services. I believe Therapeutic Recreation will continue to grow and could have a major impact on the fields of healthcare and community programs with advocacy for person-centered and strength-based programming. As I continue as a professional in the field, I will seek to develop my philosophy of Therapeutic Recreation through experiences, research, and personal growth.
References


